

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		1		1		
10		0		1		
11		0		1		
12		0		1		
13	1		1			
14		1		1		
15		1		1		
16		3		1		
17		0		1		
18		0		1		
19		0		1		
20	1		1			
21						
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.		12		1		
TOTAL CLAIMS	1	12	1	1		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS